

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	4/6	3/11/94
TYPIST	339	3-16
VERIFIER	357 3-24-35	03/25/94
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

BEST AVAILABLE COPY

INDEX OF CLAIMS

Claim	Date
Final	Original
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SYMBOLS
 ✓ Rejected
 - Allowed
 - (Through numerals) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
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